

EXHIBIT H

Elite Legal Network

14600 Golden West Street, Suite A101 Westminster, CA 92683

Main Toll Free 888-451-9222 / Fax 888-430-4111

Client Name: Ali SWEIMAN : SARAH HOOVER

Loan Number: 5107

To: PHH

Fax #: 856-917-2848

From: Elite Legal Network

Date: 9/9/19

Number of Pages: 27

Re: Loan Modification Documents

Urgent: For Review

- RMA**
- 4506T**
- HARDSHIP LETTER**
- PAY STUBS**
- BANK STATEMENTS**
- SSI AWARDS LETTER**
- TAX'S**
- LOA**
- OTHER**

HARDSHIP AFFIDAVIT

PROFIT : LOSS

MORTGAGE STATEMENT

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number	5107 (usually found on your monthly mortgage statement)			
Servicer's Name	PHH Mortgage			
I want to:	<input checked="" type="checkbox"/> Keep the Property	<input type="checkbox"/> Vacate the Property	<input type="checkbox"/> Sell the Property	<input type="checkbox"/> Undecided
The property is currently:	<input checked="" type="checkbox"/> My Primary Residence	<input type="checkbox"/> Second Home	<input type="checkbox"/> An Investment Property	
The property is currently:	<input checked="" type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied	<input type="checkbox"/> Vacant	
BORROWER		CO-BORROWER		
BORROWER'S NAME	Sarah Hoover			
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
888-2				
HOME PHONE NUMBER WITH AREA CODE	HOME PHONE NUMBER WITH AREA CODE			
N/A				
CELL OR WORK NUMBER WITH AREA CODE	CELL OR WORK NUMBER WITH AREA CODE			
MAILING ADDRESS 18205 106th St. E., Bonney Lake, WA, 98391				
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) Same				
Is the property listed for sale?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Have you contacted a credit counseling agency for help?	
If yes, what was the listing date?	<input type="checkbox"/> Yes			<input type="checkbox"/> No
If property has been listed for sale, have you received an offer on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete the counselor contact information below:	
Date of offer:	Amount of Offer:			Counselor's Name:
Agent's Name:				Agency's Name:
Agent's Phone Number				Counselor's Phone Number:
For Sale by Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counselor's Email Address:	
Do you have condominium or homeowner association (HOA) fees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Total Monthly payment amount: 25.00 Name and Address fees are paid to:				
Have you filed for bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes? <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13				
If yes, what is the filing date? 9/9/19 Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case Number:				
Is any borrower an active duty service member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has any borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is any borrower the surviving spouse of a deceased service member who was on active duty at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income	Monthly Household Expenses and Debt Payments	Household Assets (associated with the property and/or borrower(s) excluding retirement funds)
Gross wages	First Mortgage Payment	1564.46 Checking Account(s)
Overtime	Second Mortgage Payment	0 Checking Account(s)
Child Support / Alimony*	Homeowner's Insurance	NA Savings / Money Market
Non-taxable social security/SSDI	Property Taxes	NA CDs
Taxable SS benefits or other monthly income from annuities or retirement plans	Credit Cards/ Installment Loan(s) (total minimum payment per month)	0 Stock / Bonds
Tips, commission, bonus and self-employed income	Alimony , child support payments*	0 Other Cash on Hand
Rents Received	Car Lease Payments	585.00 Other Real Estate (estimated value)
Unemployment Income	HOA/Condo Fees/Property Maintenance	25.00 Other
Food Stamps/ Welfare	Mortgage Payments on other properties	—
Other	Other	—
Total (Gross Income)	8290.00 Total Household Expenses and Debt Payments	3094.46 Total Assets

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

LienHolder's Name	Balance and Interest Rate	Loan Number	LienHolder's Phone Number

Required Income Documentation

<input type="checkbox"/> Do you earn a salary or hourly wage?	<input checked="" type="checkbox"/> Are you self-employed?
For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days* or four weeks earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).	For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.
<input type="checkbox"/> Do you have any additional sources of income? Provide for each borrower, as applicable:	
<p>"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:</p> <p><input type="checkbox"/> Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).</p> <p>Social Security, disability or death benefits, pension, public assistance, or adoption assistance:</p> <p><input type="checkbox"/> Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and</p> <p><input type="checkbox"/> Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.</p> <p>Rental income:</p> <p><input type="checkbox"/> Copy of the most recent filed federal tax return with all schedules, including Schedule E - Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported, reduced by the monthly debt service on the property, if applicable; or</p> <p><input type="checkbox"/> If rental income is not reported on Schedule E - Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.</p> <p>Investment income:</p> <p><input type="checkbox"/> Copies of the two most recent investment statements or bank statements supporting receipt of this income.</p> <p>Alimony, child support, or separation maintenance payments as qualifying income:*</p> <p><input type="checkbox"/> Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and</p> <p><input type="checkbox"/> Copies of your two most recent bank statements or other third-party documents showing receipt of payment.</p>	

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

UNIFORM BORROWER ASSISTANCE FORM

HARDSHIP AFFIDAVIT

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is: *Feb 2015*

I believe my situation is: Short-term (under 6 months) Medium-term (6 - 12 months) Long- term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of the reason set forth below:

(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input type="checkbox"/> Unemployment Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required <input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either <input checked="" type="checkbox"/> the primary or secondary wage earner in the household	<input checked="" type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; <input type="checkbox"/> Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical Bills None of the above shall require providing detailed medical information
<input type="checkbox"/> Disaster (natural or man-made) <input type="checkbox"/> adversely impacting the property or borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer/ Relocation	For active-duty servicemembers: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer; OR In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

UNIFORM BORROWER ASSISTANCE FORM

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the servicer.
 - c. The servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my Social Security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the lender/servicer/ or authorized third party*. By checking this box, I also consent to being contacted by text messaging.

Sarah Hoover
Borrower Signature

9/9/19
Date

Co-Borrower Signature

Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Monthly Expenses

Installment Payments		Utility Expenses	
Credit Cards	\$ —	Electric/Heating Fuel	\$ 250.00
Student Loans	\$ —	Water & Sewer	\$ 150.00
Auto Loan #1	\$ 585.00	Telephone/Cell Phone	\$ 350.00
Auto Loan #2	\$ —	Garbage	\$ 95.00
1st Mortgage	\$ 1564.44	Security	\$ —
2nd Mortgage	\$ —	Cable TV/Satellite/Internet	\$ 80.00
Home Equity Loan	\$ 1500.00	Rent (not in monthly installments)	\$ —
Other Mortgages or Consumer Loans	\$ —	Other Utilities Internet	\$ 110.00
Total Installment:		Total Utilities	
Transportation Expenses		Other Expenses	
Gas	\$ 550.00	Child Support/Alimony	\$ —
Bus Fare	\$ —	Child Care	\$ —
Subway/Train	\$ —	Tuition	\$ —
Car Pool	\$ —	Auto Insurance	\$ 125.00
Other	\$ —	Life Insurance	\$ —
Total Transportation:		Health Insurance (not deducted from pay)	\$ —
Food, Clothing & Other Expenses		Medical and Dental	
Food	\$ 800.00	Tithing/Charity Contributions	\$ —
Clothing	\$ 400.00	Home Maintenance	\$ 300.00
Laundry/Dry Cleaning	\$ 50.00	HOA/Condo Fees	\$ 25.00
Housekeeping Supplies	\$ 60.00	Taxes (non-escrow loan)	\$ —
Other	\$ —	Homeowners Insurance (non-escrow loan)	\$ —
Total Food, Clothing, Other		Total Other	

Home Affordable Modification Program Hardship Affidavit

Borrower Name (first, middle, last): Sarah Virginia Hoover Date of Birth: 05/23/78
Co-Borrower Name (first, middle, last): _____ Date of Birth: _____
Property Street Address: 18205 106th St. E.
Property City, ST, Zip: Bonney Lake, WA 98391
Servicer: PHH Mortgage
Loan Number: 5107

In order to qualify for PHH Mortgage 's ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower
Yes No Co-Borrower
Yes No

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes No Yes No

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes No Yes No

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes No Yes No

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes No Yes No

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes No Yes No

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer		Interviewer's Name (print or type)	Name/Address of Interviewer's Employer	
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet		Interviewer's Signature		Date
		Interviewer's Phone Number (include area code)		

Borrower/Co-Borrower Acknowledgement

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
2. I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
3. I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
5. I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
6. I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
7. I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we authorize and consent to Servicer disclosing to the U.S. Department of Treasury or other government agency, Fannie Mae and/or Freddie Mac any information provided by me/us or retained by Servicer in connection with the Home Affordable Modification Program.

Sarah Horvath 8/14/19
Borrower Signature Date

Borrower Signature

Date

Co-Borrower Signature

Date

E-mail Address: sarahvhoover@gmail.com

E-mail Address: _____

Cell Phone #

Cell Phone # _____

Home Phone # _____

Home Phone # _____

Work Phone # _____

Social Security # 8882

Explanation: _____

My father, Ali Suleiman, passed away in February 2015. We continued making the mortgage payment using up all of the cash reserves. Once the mortgage was in default there were no more funds available to reinstate the loan and continue the payments. I, Sarah Hoover, Ali Suleiman's daughter, would like to assume the loan but am unable to bring the account current in order to reinstate the loan. I am asking for a loan modification to reinstate the loan as I am financially able to make the the mortgage payments, just unable to pay the past due. The house was left to me and a copy of the page in the trust stating the distribution of the house will be included in the paperwork I provide.

4506-TForm (September 2018)
Department of the Treasury
Internal Revenue Service**Request for Transcript of Tax Return**

- Do not sign this form unless all applicable lines have been completed.
- Request may be rejected if the form is incomplete or illegible.
- For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number or employer identification number (see instructions) [REDACTED]
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return [REDACTED]
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 18205 106th St. E, Bonney Lake, WA, 98391	
4 Previous address shown on the last return filed, if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►	1040
a Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input checked="" type="checkbox"/>	
b Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days <input type="checkbox"/>	
c Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days <input type="checkbox"/>	
7 Verification of Nonfiling , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/>	
8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript . The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days <input type="checkbox"/>	

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

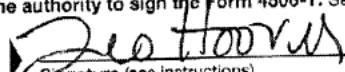
9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.	12/31/2017	12/31/2018	/	/	/	/
---	------------	------------	---	---	---	---

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

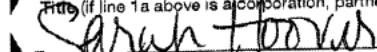
Phone number of taxpayer on line 1a or 2a
[REDACTED]


Signature (see instructions)

12/31/19

Date

Sign
Here

If line 1a above is a corporation, partnership, estate, or trust

Spouse's signature

12/31/19

Date

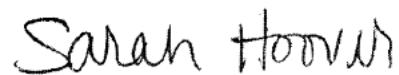
Hardship Letter

09/11/2019

To whom it may concern:

My father, Ali Suleiman, passed away in February 2015. We continued making the mortgage payment using up all of the cash reserves. Once the mortgage was in default there were no more funds available to reinstate the loan and continue the payments. I, Sarah Hoover, Ali Suleiman's daughter, would like to assume the loan but am unable to bring the account current and reinstate the loan. I am asking for a loan modification to reinstate the loan as I am financially able to make the mortgage payments, just unable to pay the past due. The house was left to me and has been my family's and my primary residence for many years.

Thank you,



Sarah Hoover

Estate of Ali Suleiman
Account [REDACTED] 5107

Property Address:
18205 106th St E
Bonney Lake, WA 98391

STATEMENT OF ACCOUNTS



Leo B. Hoover
18205 106th St E
Bonney Lake, WA 98391-8137

000000

Statement Period: 07/01/2019 - 07/31/2019

2250508

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Business Member Share Savings	████████284	(50.00)		50.00		0.00
Business Interest Checking	████████7317	0.01	(6,769.69)	6,770.01	0.01	0.34
*Including the following Fees		Statement Period Total	2019 Year-to-Date Total			
Overdraft Fees		0.00	0.00			
Non-sufficient Funds (NSF) Fees		0.00	250.00			

Deposit Account Activity

Business Member Share Savings - 3610187284

0.00% Annual Percentage Yield Earned for 31 day period
Average Daily Balance: \$0.00
Year-to-date dividends: \$0.09

0.10% dividends from 07/01/19

Deposits

Date	Amount	Transaction Description
07/26	50.00	Deposit Transfer from *****7317

Business Interest Checking - 3610187317

0.04% Annual Percentage Yield Earned for 31 day period
Average Daily Balance: \$341.29
Year-to-date dividends: \$0.10

0.05% dividends from 07/01/19

Deposits

Date	Amount	Transaction Description
07/01	2,330.70	External Deposit LOWES - TRADE PMT ISA*00* *00* *01*006097142 *ZZ*WACHEDILOWES *190628*030 0*U*00400*000017468*0*P*
07/03	360.00	External Deposit LOWES - TRADE PMT ISA*00* *00* *01*006097142 *ZZ*WACHEDILOWES *190702*030 0*U*00400*000017476*0*P*
07/19	1,000.58	ATM Deposit BECU 21184 STATE RT 410E BONNEY LAKE WAUS Machine# WA053352 Trace# 00000000000000002385
07/20	600.00	ATM Deposit BECU 21182 STATE RT 410 E BONNEY LAKE WAUS Machine# WA053377 Trace# 00000000000000004246

Deposit Account Activity (continued)**Deposits (continued)**

Date	Amount	Transaction Description
07/22	1,084.73	ATM Deposit BECU 21182 STATE RT 410 E BONNEY LAKE WAUS Machine# WA053377 Trace# 00000000000000004549
07/25	1,394.00	ATM Deposit SOUND CREDIT UNION 9911 PACIFIC AVE TACOMA WAUS Machine# 961016 Trace# 000000000000009722
07/31	0.01	Dividend/Interest

Withdrawals

Date	Amount	Transaction Description
07/01	(200.00)	ATM Withdrawal BECU 21182 STATE RT 410 E BONNEY LAKE WAUS Machine# WA053377 Trace# 000000000000009246
07/01	(300.00)	ATM Withdrawal BECU 21182 STATE RT 410 E BONNEY LAKE WAUS Machine# WA053377 Trace# 000000000000009247
07/01	(72.00)	POS Withdrawal 89707 SHELL SERVICE S BONNEY LAKE WAUS Machine# 08970701 Trace# 0000000918297079730
07/02	(10.00)	POS Withdrawal SQC*CASH APP 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000740240517650
07/02	(500.00)	POS Withdrawal SQC*CASH APP 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000740240477920
07/02	(250.00)	POS Withdrawal SQC*CASH APP 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000854240523780
07/02	(173.83)	POS Withdrawal SIMPLE/ACIMA 9815 S MONROE ST 8019873230 UTUS Machine# 0000 Trace# 0000000726262311610
07/02	(12.96)	POS Withdrawal 847386 SHELL SERVICE S TUKWILA WAUS Machine# 84738601 Trace# 0000000918373861172
07/02	(122.95)	ATM Withdrawal GREAT WALL SHOP 249 SW 41ST STREET RENTON WAUS Machine# C1026270 Trace# 0000000070200008134
07/03	(142.06)	POS Withdrawal AMZN Mktp US*MH5W38G71 440 Terry Ave N Amzn.com/bill/W Machine# 216000 Trace# 0000000200768522850
07/03	(450.00)	POS Withdrawal SQC*CASH APP 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000740292233740
07/03	(21.81)	POS Withdrawal TU *TRANSUNION 100 Cross St, #202 800-493-3292 CAUS Machine# 214000 Trace# 0000000200807746530
07/03	(22.50)	ATM Withdrawal CITIZENS BANK,N 8163 OLD YANKEE ST DAYTON OHUS Machine# LK579213 Trace# 0000000070300001710
07/03	(184.65)	POS Withdrawal WAL Wal-Mart Super 552371 5041 WAL-SAMS BONNEY LAKE Machine# 50410007 Trace# 0000000918551412144
07/03	(19.11)	POS Withdrawal WM SUPERCENTER # Wal-Mart Super Center BONNEY LAKE WAUS Machine# 50410013 Trace# 0000000918400235712
07/03	(63.00)	ATM Withdrawal BANK OF AMERICA *BONNEY LAKE BONNEY LAKE WAUS Machine# IWAN0021 Trace# 0000000959700000000
07/03	(34.51)	POS Withdrawal CHEVRON/BRIAN KWON DBA 6011 BOLLINGER CANYON RGIG HARBOR W Machine# 10041801 Trace# 0000000525832000000
07/03	(6.55)	POS Withdrawal API* ITUNES.COM/BILL One Apple Park Way 866-712-7753 CAU Machine# 202000 Trace# 0000000200960001080
07/03	(21.85)	POS Withdrawal API* ITUNES.COM/BILL One Apple Park Way 866-712-7753 CAU Machine# 379000 Trace# 0000000200957829560
07/04	(79.15)	POS Withdrawal 76 - DEMS INC 18311 OLD BUCKLEY HW BONNEY LAKE WAUS Machine# 375000 Trace# 00000000000232439000
07/19	(500.00)	ATM Withdrawal BECU 21182 STATE RT 410E BONNEY LAKE WAUS Machine# WA053352 Trace# 0000000000000002387

Deposit Account Activity (continued)**Withdrawals (continued)**

Date	Amount	Transaction Description
07/20	(3.78)	POS Withdrawal 220208 TESORO # 62518 BONNEY LAKE WAUS Machine# 22020801 Trace# 00000000920102086393
07/22	(600.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000854196146210
07/23	(500.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000854256829750
07/23	(10.92)	POS Withdrawal Kindle Unltd*MA2K954N1 440 Terry Ave N 866-321-8851 W Machine# 353000 Trace# 00000000200574056300
07/23	(16.34)	POS Withdrawal Audible US*MA2TJ4LZ1 1 Washington Park, 16th888-283-5051 NJU Machine# 208000 Trace# 00000000200681540020
07/24	(400.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000854279292510
07/24	(10.92)	POS Withdrawal MICROSOFT*XBOX GAME PA ONE MICROSOFT WAY MSBILL.INFO W Machine# 1150 Trace# 0000000091509000970
07/25	(400.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000740321654400
07/25	(100.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000740321670430
07/25	(100.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000740321678320
07/25	(100.00)	ATM Withdrawal SOUND CREDIT UNION 9911 PACIFIC AVE TACOMA WAUS Machine# 961016 Trace# 0000000000000009724
07/26	(400.00)	POS Withdrawal CASH APP*SARAH HOOV 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000854197669880
07/26	(50.00)	Withdrawal Transfer to *****7284
07/26	(10.00)	POS Withdrawal SHELL OIL 57444034409 6601 166TH AVE E SUMNER WA Machine# 0000 Trace# 00000000547734001920
07/27	(856.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 00000000740243311350
07/27	(21.81)	POS Withdrawal TU *TRANSUNION 100 Cross St, #202 800-493-3292 CAUS Machine# 335000 Trace# 00000000200447960280
07/29	(2.99)	POS Withdrawal APL*ITUNES.COM/BILL One Apple Park Way 866-712-7753 CAUS Machine# 239000 Trace# 00000000200591312990

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Negative Information Reporting Notice: and Address for Disputing Information on Consumer Reports

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

If you think information about your BECU account in a credit report or other consumer report is wrong, then please write to BECU - Credit Report Disputes, Mailstop 1082-2, P.O. Box 97050, Seattle WA 98124. Please provide your full name and mailing address, the account number of the account being disputed, the specific information that you dispute, the name of the credit bureau or other consumer reporting agency from which the information came, and any supporting documentation that might substantiate your dispute.

STATEMENT OF ACCOUNTS



Leo B. Hoover
18205 106th St E
Bonney Lake, WA 98391-8137

000000

Statement Period: 08/01/2019 - 08/31/2019

2250508

Summary of Deposit Account Activity

	Account #	Beginning Balance	Withdrawals/ Fees*	Deposits	Dividends/ Interest	Ending Balance
Business Member Share Savings	7284	0.00	(1,318.74)	1,318.74		0.00
Business Interest Checking	7317	0.34	(1,455.17)	1,290.55		(164.28)
*Including the following Fees		Statement Period Total	2019 Year-to-Date Total			
Overdraft Fees		0.00			0.00	
Non-sufficient Funds (NSF) Fees		0.00			250.00	

Deposit Account Activity

Business Member Share Savings - 7284

0.00% Annual Percentage Yield Earned for 31 day period
Average Daily Balance: \$14.38
Year-to-date dividends: \$0.09

0.10% dividends from 08/01/19

Deposits

Date	Amount	Transaction Description
08/27	318.74	ATM Deposit BECU 21184 STATE RT 410E BONNEY LAKE WAUS Machine# WA053351 Trace# 00000000000000005456
08/30	1,000.00	Deposit Mobile Banking

Withdrawals

Date	Amount	Transaction Description
08/27	(70.66)	Overdraft Protection Withdraw
08/27	(240.00)	ATM Withdrawal BECU 21184 STATE RT 410E BONNEY LAKE WAUS Machine# WA053351 Trace# 00000000000000005458
08/30	(500.00)	ATM Withdrawal BECU 21184 STATE RT 410E BONNEY LAKE WAUS Machine# WA053351 Trace# 00000000000000006078
08/30	(78.53)	Overdraft Protection Withdraw
08/31	(429.55)	Overdraft Protection Withdraw

Business Interest Checking - 7317

0.00% Annual Percentage Yield Earned for 31 day period
Average Daily Balance: \$0.45
Year-to-date dividends: \$0.10

0.05% dividends from 08/01/19

Deposit Account Activity (continued)**Deposits**

Date	Amount	Transaction Description
08/07	11.81	ATM Deposit BECU 3803 S. MERIDIAN PUYALLUP WAUS Machine# WA053506 Trace# 00000000000000007053
08/07	700.00	ATM Deposit BECU 3803 S. MERIDIAN PUYALLUP WAUS Machine# WA053504 Trace# 00000000000000007069
08/27	70.66	Overdraft Protection Deposit
08/30	78.53	Overdraft Protection Deposit
08/31	429.55	Overdraft Protection Deposit

Withdrawals

Date	Amount	Transaction Description
08/07	(10.67)	POS Withdrawal 39222 ARCO#82766LAKEW TACOMA WAUS Machine# 3922201 Trace# 000000092192229311
08/08	(700.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000740249855100
08/15	(72.14)	POS Withdrawal FRED M FUEL #9265 Q7 11 N MERIDIAN PUYALLUP W Machine# 374000 Trace# 0000000300220022050
08/29	(2.10)	POS Withdrawal GLACIER WATER VENDING 101 N Cherry St WINSTON SALEMNC Machine# 356000 Trace# 0000000002705063500
08/29	(71.34)	POS Withdrawal 76 - PIONEER 76/GRANIT 7101 PIONEER WAY GIG HARBOR W Machine# 335000 Trace# 0000000002693492160
08/29	(2.99)	POS Withdrawal APL*ITUNES.COM/BILL One Apple Park Way 866-712-7753 CAUS Machine# 354000 Trace# 00000000200255602120
08/29	(2.10)	POS Withdrawal GLACIER WATER VENDING 101 N Cherry St WINSTON SALEMNC Machine# 355000 Trace# 0000000002705063510
08/31	(420.00)	POS Withdrawal CASH APP*CHUUUUCHIN 1455 MARKET ST 4153753176 CAUS Machine# 0000 Trace# 0000000740198722810
08/31	(173.83)	POS Withdrawal ACIMA CREDIT LLC 9815 S MONROE ST FL 801-2971982 UTUS Machine# 32905021 Trace# 0000000122435635940

Computation of Annual Percentage Yield Earned (APYE) and Interest/Dividend Paid

APYE is the annualized rate calculation based on the amount of interest/dividends earned (not credited) and the average daily balance in the account during the statement period. Interest/dividends are credited at the end of the account's crediting period as reflected in the activity column on the periodic statement.

Negative Information Reporting Notice, and Address for Disputing Information on Consumer Reports

We may report information about your account(s) to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

If you think information about your BECU account in a credit report or other consumer report is wrong, then please write to BECU - Credit Report Disputes, Mailstop 1082-2, P.O. Box 97050, Seattle WA 98124. Please provide your full name and mailing address, the account number of the account being disputed, the specific information that you dispute, the name of the credit bureau or other consumer reporting agency from which the information came, and any supporting documentation that might substantiate your dispute.

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2018

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial Leo Last name Hoover Your social security number [REDACTED] -4868

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial Sarah V Last name Hoover Social security number [REDACTED] -8882

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.) Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 18205 106th St E Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Bonney Lake WA 98391 If more than four dependents, see inst. and ✓ here ►

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Jasmine P	Hoover	5687	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dylan a	Hoover	7484	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your occupation Construction Project Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]
	Spouse's occupation Home maker	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) [REDACTED]

Paid Preparer Use Only Preparer's name Preparer's signature PTIN Firm's EIN Check if: 3rd Party Designee Self-employed

Firm's name ► Self-Prepared	Phone no.
Firm's address ►	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)

Form 1040 (2018)

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	56,418.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		
8	Standard deduction or itemized deductions (from Schedule A)	1	56,418.
9	Qualified business income deduction (see instructions)	2b	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	3b	
11	a Tax (see inst.) 3,510. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) b Add any amount from Schedule 2 and check here ► <input type="checkbox"/>	4b	
12	a Child tax credit/credit for other dependents 2,500. b Add any amount from Schedule 3 and check here ► <input checked="" type="checkbox"/>	5b	
13	Subtract line 12 from line 11. If zero or less, enter -0-	6	56,418.
14	Other taxes. Attach Schedule 4	7	56,418.
15	Total tax. Add lines 13 and 14	8	24,000.
16	Federal income tax withheld from Forms W-2 and 1099	9	
17	Refundable credits: a EIC (see inst.) No _____ b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5	10	32,418.
18	Add lines 16 and 17. These are your total payments	11	3,510.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	12	2,619.
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	13	891.
► b	Routing number 3 2 5 0 8 1 4 0 3 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	14	0.
► d	Account number 3 6 1 0 1 8 7 2 8 4	15	891.
21	Amount of line 19 you want applied to your 2019 estimated tax ► 21	16	3,854.
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ►	17	
23	Case 19-42890-MJH Doc 25-8 Filed 01/27/20 Ent. 01/27/20 22:52:01 Pg. 20 of 32 Estimated tax penalty (see instructions)	18	3,854.
24		19	2,963.
20a		20	2,963.
22		21	

See instructions for instructions and the latest information.

RFV 02/14/19 Intuit.co.jp.so

Form 1040 (2018)

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Nonrefundable Credits**

OMB No. 1545-0074

2018Attachment
Sequence No. 03

Name(s) shown on Form 1040

Leo & Sarah V Hoover

Social security number
4868

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required
	49	Credit for child and dependent care expenses. Attach Form 2441
	50	Education credits from Form 8863, line 19
	51	Retirement savings contributions credit. Attach Form 8880
	52	Reserved
	53	Residential energy credit. Attach Form 5695
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 12/21/18 Intuit.cgi.sp

Schedule 3 (Form 1040) 2018

Credit for Qualified Retirement Savings Contributions

2018

Name(s) shown on return

Leo & Sarah V Hoover

Your social security number

-4868

You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a student (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2015 and **before** the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, line 7* or Form 1040NR, line 36
- Enter the applicable decimal amount shown below.

	(a) You	(b) Your spouse
1		
2	1,190.	
3	1,190.	
4		
5	1,190.	
6	1,190.	
7		1,190.
8	56,418.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$19,000	0.5	0.5	0.5
\$19,000	\$20,500	0.5	0.5	0.2
\$20,500	\$28,500	0.5	0.5	0.1
\$28,500	\$30,750	0.5	0.2	0.1
\$30,750	\$31,500	0.5	0.1	0.1
\$31,500	\$38,000	0.5	0.1	0.0
\$38,000	\$41,000	0.2	0.1	0.0
\$41,000	\$47,250	0.1	0.1	0.0
\$47,250	\$63,000	0.1	0.0	0.0
\$63,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48

10	119.
11	3,510.
12	119.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Titan Home Installations, LLC
Profit & Loss
January 1 through July 31, 2019

	<u>Jul 1 - Jul 31, 2019</u>	<u>YTD</u>
Revenue		
Gross Profit	<u>8290.00</u>	<u>58665.00</u>
Expenses		
Cost of Goods	Cost of Goods Sold	
Direct Construction Costs	<u>475.00</u>	<u>3965.00</u>
Indirect Construction Costs	<u>215.00</u>	<u>1420.00</u>
Total COGS	<u>690.00</u>	<u>5385.00</u>
General & Administrative		
Vehicle and Fuel	<u>450.00</u>	<u>3325.00</u>
Insurance	<u>275.00</u>	<u>1925.00</u>
Maintenance	<u>75.00</u>	<u>150.00</u>
Taxes	<u>810.00</u>	<u>5750.00</u>
Miscellaneous Fees	<u>50.00</u>	<u>180.00</u>
Total G&A	<u>1660.00</u>	<u>11330.00</u>
Total Expenses	<u>2350.00</u>	<u>16715.00</u>
TOTAL NET INCOME	<u>5940</u>	<u>41950</u>

Sarah Hoover Aug 14, 2019
Signature Date
Sarah Hoover Owner
Name Title



C/O PHH Mortgage Services
P.O. Box 5452
Mt. Laurel, NJ 08054-5452

ESTATE OF ALI SULEIMAN

To obtain information about your account:
Visit: www.MortgageQuestions.com
Call toll free: 1-888-820-6474
Fax: 1-856-917-8300
Loan number: [REDACTED] 5107



**** Delinquency Notice ****

You are late on your mortgage payments. Failure to bring your loan current may result in fees and foreclosure — the loss of your home. Your loan became delinquent 4/1/2018. As of 08/16, you are 502 days delinquent on your mortgage loan.

Recent Account History

- Payment due on 03/01/19: Unpaid balance of \$1,564.46
- Payment due on 04/01/19: Unpaid balance of \$1,564.46
- Payment due on 05/01/19: Unpaid balance of \$1,564.46
- Payment due on 06/01/19: Unpaid balance of \$1,564.46
- Payment due on 07/01/19: Unpaid balance of \$1,564.46
- Payment due on 08/01/19: Unpaid balance of \$1,564.46
- Current payment due 09/01/19: \$1,564.46
- **Total: \$29,989.84 due. You must pay this amount to bring your loan current.**

If you are experiencing financial difficulty: See the back of page 1 of your statement for information about mortgage counseling or assistance.

The first notice or filing required by applicable law for the foreclosure process has been made.

U.S. Department of State

REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

Jakarta
Post03-02-2015
Date of Issue (mm-dd-yyyy)

SSA No. [REDACTED] 1892

Age 76

Name in full Ali Suleiman

Date (mm-dd-yyyy) and Place of Birth [REDACTED] Indonesia

Evidence of U.S. Citizenship Regular Passport [REDACTED] 0472 Issued On April 11, 2005

Address in U.S.A. 24805 22nd Ave S. Kent, Washington 98032 United States Of America

Permanent or Temporary Address Abroad Komp. Sukarami Patra Permai IV H 9A Kebun Bunga Palembang, Indonesia

Date of death Feb 24 Hour Minute 2015
Month Day YearPlace of death RSUP Dr. Mohammad Hoesin Palembang, South Sumatera Indonesia
Number and street or Hospital/hotel City CountryCause of death Not provided by Local Government
Including authority for statement - if physician, include full name and official title, if any.

Disposition of the remains Buried in Pemakaman Kambojah, Palembang, South Sumatera, Indonesia on 02/27/2015

Local law governing disinterment of remains provides that N/A

Disposition of the effects Nurhasinah Suleiman

Person or official responsible for custody of effects and accounting therefore

Nurhasinah Suleiman

Traveling/residing abroad with relatives or friends as follows:

NAME ADDRESS DATE (mm-dd-yyyy)
Nurhasinah Suleiman Komp. Sukarami Patra Permai IV H 9A, RT006/003, Kebun Bunga Palembang, SouthInformed by telegram or telephone NAME ADDRESS DATE (mm-dd-yyyy)
NOTIFIED
Sarah Hoover 18205 106th St. E Bonney Lake, WA USA 98391 2/27/2015Copy of this report sent to: NAME ADDRESS DATE (mm-dd-yyyy)
SENT
Nurhasinah Suleiman Komp. Sukarami Patra Permai IV H 9A, RT006/003, Kebun 3/2/2015
Sarah Hoover 18205 106th St. E Bonney Lake, WA USA 98391 3/2/2015
Amir Suleiman 24805 22nd Ave S. Kent, WA USA 98032 3/2/2015

Notification or copy sent to Federal Agencies: SSA x VA CSC Other

State Agency

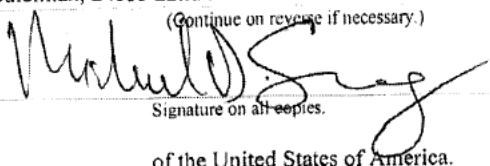
The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State, Washington, DC 20520.

Remarks:

03/02/2015 this ROD is also sent to: Sofiah Corcoran (Daughter), c/o Amir Suleiman, 24805 22nd Ave S

(Continue on reverse if necessary.)

[SEAL]



Signature on all copies.

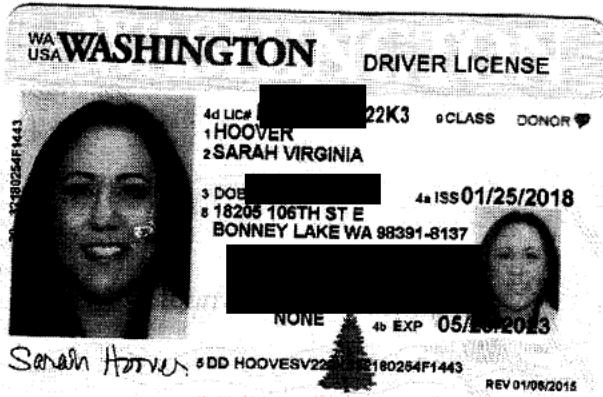
Michael Sweeney
Consul

of the United States of America.

Suleiman
(Last name)Ali
(First name)

(Middle name)

02-24-2015
(Date (mm-dd-yyyy) of death)



Sarah Hoover

State Farm Fire and Casualty Company

Homeowners Rate Quote

Prepared: June 6, 2019

Prepared for: HOOVER, SARAH
18205 106TH ST E
BONNEY LAKE, WA 98391-8137

Prepared by: Jeff Ward
Jeff Ward Insurance Agency Inc
18207 Vet Mem Dr E Ste 1
Bonney Lake, WA 98391-5165
Phone: (253)987-5274

Property Location: 18205 106TH ST E
BONNEY LAKE, WA 98391-8137

Year Built: 2004

Subzone: 11

Quote Effective Date: 06/06/2019

Territory Zone: 13

Construction: Frame

Num Families: 1

Rate IV: 100%

Quote Description: 100% Replacement Cost

Quote Results

	Limit	Premium
Dwelling (Coverage A)	290,000	1,517.00
Increased Dwelling - Option ID	58,000	
Dwelling Extension	29,000	
Personal Property (Coverage B)	217,500	
Personal Liability (Coverage L) each occurrence	300,000	15.00
Medical Payments (Coverage M) each occurrence	5,000	9.00
Credit Card / Bank Card and Forgery	1,000	
Damage to Property of Others (Each Occurrence)	500	
Loss of Use (Actual Loss Sustained)		

Loss Settlement Provision

Loss Settlement Option - Dwelling	A1 - Replacement Cost - Similar Construction
Loss Settlement Option - Personal Property	B1 - Limited Replacement Cost

Deductibles

Policy deductible	1% 2,900
-------------------	----------

Charges / Credits

Claim free discount	(76.00)
Solid fuel appliance	N/A
Utility rating plan	(29.00)

Policy Options and Endorsements

Jewelry and Furs	1,500 / 2,500 Option JF included
Silver / Goldware Theft - Option SG	2,500 included
Business Property - Option BP	1,500 included
Building Ordinance or Law - Option OL (% of Coverage A)	10% 29,000
Firearms - Option FA	2,500 included
Home Computer - Option HC	5,000 included
Back-Up Dwell/Listed Property	10,000
Fire Department Service Charge Increased Limits	500 included
Total Annual Premium	1,451.00

Monthly Premium (Service charge not included) 120.92

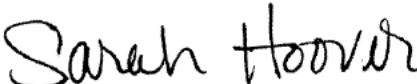
This example of available coverages and limits is not a contract, binder, or recommendation of coverage. This quote assumes you insure for 100% of the estimated replacement cost of your home. Higher limits are available at a higher premium. Coverage is available in a lesser amount, subject to restrictions and limitations. If information used for rating changes or different rates are effective at the time of policy issuance, this rate quote may be revised. All coverages are subject to the terms and conditions contained in the policy and endorsements. You must choose your limits and coverages.

September 16, 2019

To Whom it May Concern:

I own a family business, Titan Home Installations, together with Leo Hoover. I do not have a traditional personal bank account so am unable to provide you with any kind of personal bank statements. I have, however, provided our business bank statements.

Thank you,



Sarah Hoover
18205 106th Street East
Bonney Lake, Washington 98391
[REDACTED]

Titan Home Installations, LLC

Profit & Loss

January 1 through July 31, 2019

	<u>Jul 1 - Jul 31, 2019</u>	<u>YTD</u>
Revenue		
Gross Profit	<u>8290.00</u>	<u>58665.00</u>
Expenses		
Cost of Goods		
Cost of Goods Sold		
Direct Construction Costs	<u>475.00</u>	<u>3965.00</u>
Indirect Construction Costs	<u>215.00</u>	<u>1420.00</u>
Total COGS	<u>690.00</u>	<u>5385.00</u>
General & Administrative		
Vehicle and Fuel	<u>450.00</u>	<u>3325.00</u>
Insurance	<u>275.00</u>	<u>1925.00</u>
Maintenance	<u>75.00</u>	<u>150.00</u>
Taxes	<u>810.00</u>	<u>5750.00</u>
Miscellaneous Fees	<u>50.00</u>	<u>180.00</u>
Total G&A	<u>1660.00</u>	<u>11330.00</u>
Total Expenses	<u>2350.00</u>	<u>16715.00</u>
TOTAL NET INCOME	<u>5940</u>	<u>41950</u>

Sarah Hoover 9/16/19
Signature Date

Sarah Hoover, Owner
Name Title

Leo Hoover 9/16/19
Signature Date

Leo Hoover, OWNER
Name Title

Non-Borrower Financial Contribution Form

Use this form for an individual at your property address who is not on the loan as a borrower, but whose income will be included in the review of your loan modification.

Borrower name(s):

Sarah Hoover

Mortgage account number:

Digitized by srujanika@gmail.com

Property address:

18205 106th St. E

Bonney Lake, WA 98391

Information to be completed by the non-borrower occupant (s):

Non-Borrower 1:

Leo

B.

Hoover

I act

Prefix

By signing below, I agree to the following:

- I reside at the borrower's principal residence and request my income be included in the review for a modification on the loan secured by this property.
- I contribute the following income to household expenses and mortgage payments each month and will continue to do so for the foreseeable future (check one):
 100% of my income Other amount \$ _____
- Has your income previously been used in an evaluation for a Home Affordable Modification Program (HAMP) trial period plan or permanent modification for a principal residence? Yes No
- Has the mortgage on any other property that you own had a permanent Making Home Affordable Modification?
 Yes No If yes, how many? _____

Signature of non-borrower occupant 1:

~~Deo + bove~~

09/16/19
Date

Non Borrower 2:

Name: _____

By signing below, I agree to the following:

- I reside at the borrower's principal residence and request my income be included in the review for a modification on the loan secured by this property.
- I contribute the following income to household expenses and mortgage payments each month and will continue to do so for the foreseeable future (check one):
 100% of my income Other amount \$_____
- Has your income previously been used in an evaluation for a Home Affordable Modification Program (HAMP) trial period plan or permanent modification for a principal residence? Yes No

- Has the mortgage on any other property that you own had a permanent Making Home Affordable Modification.
 Yes No If yes, how many? _____

Signature of non-borrower occupant 2:

Signature

Date